SCOTT COUNTY
PUBLIC SERVICE AUTHORITY
Water - Our Most Valuable
Resource Today And Tomorrow

June 15, 2012

County of Scott, Virginia
Subject: VPDES Permit Application:

Ms. Clairise Shaheen
Department of Environmental Quality
355-A Deadmore Street
Abingdon, VA.

RE: VPDES Permit Application #VA0067351: Holston Regional WWTP

Dear Ms. Shaheen,

Enclosed is our permit application for the referenced permit.

With the application we have enclosed results for one complete scan for parameters under Part D. We respectfully request a variance for scans 2 & 3 for Part D. This request is the result of no industrial user's or effluent characteristic changes since the last permit reissuance.

We also request a variance on the test for B-6 (effluent testing). Data for all parameters except dissolved oxygen; again, no changes have occurred since the last permit reissuance and the parameters are not required testing for the present permit.

The Sewage Sludge Application, Section A-8, Pollutant Concentrations, sewerage sludge monitoring has not been required by the receiving landfill; therefore, we request a variance for testing of the pollutant(s) in this section.

We hope you find this application complete, and if not please call me with comments or the need for additional information.

Sincerely yours

Danny Danko , Director

Post Office Box 2236 · Weber City, VA. 24290
276-386-3401 · Fax 276-386-5572
d.danko@embarqmail.com

FACILITY NAME AND PERMIT NUMBER:

Form Approved 1/14/99
OMB Number 2040-0086

FORM 2A NPDES

NPDES FORM 2A APPLICATION OVERVIEW

APPLICATION OVERVIEW

Form 2A has been developed in a modular format and consists of a "Basic Application Information" packet and a "Supplemental Application Information" packet. The Basic Application Information packet is divided into two parts. All applicants must complete Parts A and C. Applicants with a design flow greater than or equal to 0.1 mgd must also complete Part B. Some applicants must also complete the Supplemental Application Information packet. The following items explain which parts of Form 2A you must complete.

BASIC APPLICATION INFORMATION:

A. **Basic Application Information for all Applicants.** All applicants must complete questions A.1 through A.8. A treatment works that discharges effluent to surface waters of the United States must also answer questions A.9 through A.12.

B. **Additional Application Information for Applicants with a Design Flow ≥ 0.1 mgd.** All treatment works that have design flows greater than or equal to 0.1 million gallons per day must complete questions B.1 through B.6.

C. **Certification.** All applicants must complete Part C (Certification).

SUPPLEMENTAL APPLICATION INFORMATION:

D. **Expanded Effluent Testing Data.** A treatment works that discharges effluent to surface waters of the United States and meets one or more of the following criteria must complete Part D (Expanded Effluent Testing Data):

1. Has a design flow rate greater than or equal to 1 mgd,
2. Is required to have a pretreatment program (or has one in place), or
3. Is otherwise required by the permitting authority to provide the information.

E. **Toxicity Testing Data.** A treatment works that meets one or more of the following criteria must complete Part E (Toxicity Testing Data):

1. Has a design flow rate greater than or equal to 1 mgd,
2. Is required to have a pretreatment program (or has one in place), or
3. Is otherwise required by the permitting authority to submit results of toxicity testing.

F. **Industrial User Discharges and RCRA/CERCLA Wastes.** A treatment works that accepts process wastewater from any significant industrial users (SIUs) or receives RCRA or CERCLA wastes must complete Part F (Industrial User Discharges and RCRA/CERCLA Wastes). SIUs are defined as:

1. All industrial users subject to Categorical Pretreatment Standards under 40 Code of Federal Regulations (CFR) 403.6 and 40 CFR Chapter I, Subchapter N (see instructions); and
2. Any other industrial user that:
   a. Discharges an average of 25,000 gallons per day or more of process wastewater to the treatment works (with certain exclusions); or
   b. Contributes a process wastestream that makes up 5 percent or more of the average dry weather hydraulic or organic capacity of the treatment plant; or
   c. Is designated as an SIU by the control authority.

G. **Combined Sewer Systems.** A treatment works that has a combined sewer system must complete Part G (Combined Sewer Systems).

ALL APPLICANTS MUST COMPLETE PART C (CERTIFICATION)

FACILITY NAME AND PERMIT NUMBER:

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BASIC APPLICATION INFORMATION

PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS:

All treatment works must complete questions A.1 through A.8 of this Basic Application Information packet.

A.1. Facility Information.

Facility name: Holston Regional Wastewater Treatment Plant

Mailing Address: 156 Legion Street
Weber City, VA 24290

Contact person: Brian Norton

Title: Chief Operator

Telephone number: 276 - 386 - 3401 or (8 004)

Facility Address: Quell Run Lane

(not P.O. Box)

A.2. Applicant Information. If the applicant is different from the above, provide the following:

Applicant name: Scott County Public Service Authority

Mailing Address: 156 Legion Street
Weber City, VA 24290

Contact person: Daniel A. Danko

Title: Director

Telephone number: 276- 386- 3401

Is the applicant the owner or operator (or both) of the treatment works?

✓ owner ✓ operator

Indicate whether correspondence regarding this permit should be directed to the facility or the applicant.

_____ facility ✓ applicant

A.3. Existing Environmental Permits. Provide the permit number of any existing environmental permits that have been issued to the treatment works (include state-issued permits).

NPDES: VA 0067351
PSD:
UIC:
Other: VCCS Permit: 480043
RCRA:
Other:

A.4. Collection System Information. Provide information on municipalities and areas served by the facility. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.).

Name	Population Served	Type of Collection System	Ownership
Gate City, VA	2034	Sewerage	Gate City, VA
Weber City, VA	1327	Sewerage	Weber City (SCPSA)
Total population served	3361		

A.5. Indian Country.

a. Is the treatment works located in Indian Country?

____ Yes ✓ No

b. Does the treatment works discharge to a receiving water that is either in Indian Country or that is upstream from (and eventually flows through) Indian Country?

____ Yes ✓ No

A.6. Flow. Indicate the design flow rate of the treatment plant (i.e., the wastewater flow rate that the plant was built to handle). Also provide the average daily flow rate and maximum daily flow rate for each of the last three years. Each year's data must be based on a 12-month time period with the 12th month of "this year" occurring no more than three months prior to this application submittal.

a. Design flow rate 1.25 mgd

	Two Years Ago	Last Year	This Year	
b. Annual average daily flow rate	0.516	0.504	0.553	mgd
c. Maximum daily flow rate	1.920	2.471	2.653	mgd

A.7. Collection System. Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the percent contribution (by miles) of each.

✓ Separate sanitary sewer	100 %
____ Combined storm and sanitary sewer	____ %

A.8. Discharges and Other Disposal Methods.

a. Does the treatment works discharge effluent to waters of the U.S.? ✓ Yes ____ No

If yes, list how many of each of the following types of discharge points the treatment works uses:

i. Discharges of treated effluent ✓

ii. Discharges of untreated or partially treated effluent ____

iii. Combined sewer overflow points ____

iv. Constructed emergency overflows (prior to the headworks) ____

v. Other ____ ____

b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.? ____ Yes ✓ No

If yes, provide the following for each surface impoundment:

Location: ____

Annual average daily volume discharged to surface impoundment(s) ____ mgd

Is discharge ____ continuous or ____ intermittent?

c. Does the treatment works land-apply treated wastewater? ____ Yes ✓ No

If yes, provide the following for each land application site:

Location: ____

Number of acres: ____

Annual average daily volume applied to site: ____ Mgd

Is land application ____ continuous or ____ intermittent?

d. Does the treatment works discharge or transport treated or untreated wastewater to another treatment works? ____ Yes ✓ No

If yes, describe the mean(s) by which the wastewater from the treatment works is discharged or transported to the other treatment works (e.g., tank truck, pipe).

If transport is by a party other than the applicant, provide:

Transporter name:

Mailing Address:

Contact person:

Title:

Telephone number:

For each treatment works that receives this discharge, provide the following:

Name:

Mailing Address:

Contact person:

Title:

Telephone number:

If known, provide the NPDES permit number of the treatment works that receives this discharge.

Provide the average daily flow rate from the treatment works into the receiving facility. mgd

e. Does the treatment works discharge or dispose of its wastewater in a manner not included in A.8.a through A.8.d above (e.g., underground percolation, well injection)? Yes ✓ No

If yes, provide the following for each disposal method:

Description of method (including location and size of site(s) if applicable):

Annual daily volume disposed of by this method:

Is disposal through this method continuous or intermittent?

FACILITY NAME AND PERMIT NUMBER:

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WASTEWATER DISCHARGES:

If you answered "yes" to question A.8.a, complete questions A.9 through A.12 **once for each outfall** (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. **If you answered "no" to question A.8.a**, go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

A.9. Description of Outfall.

a. Outfall number 001

b. Location 650 Quail Run Lane Weber City, 24290
(City or town, if applicable) (Zip Code)
Scott VA.
(County) (State)
36° 36' 46" 82° 34' 05"
(Latitude) (Longitude)

c. Distance from shore (if applicable) _____ ft.

d. Depth below surface (if applicable) _____ ft.

e. Average daily flow rate .553 mgd

f. Does this outfall have either an intermittent or a periodic discharge? _____ Yes ✓ No (go to A.9.g.)

If yes, provide the following information:

Number of times per year discharge occurs: _____

Average duration of each discharge: _____

Average flow per discharge: _____ mgd

Months in which discharge occurs: _____

g. Is outfall equipped with a diffuser? _____ Yes X No

A.10. Description of Receiving Waters.

a. Name of receiving water North fork of Holston River

b. Name of watershed (if known) _____

United States Soil Conservation Service 14-digit watershed code (if known): _____

c. Name of State Management/River Basin (if known): _____

United States Geological Survey 8-digit hydrologic cataloging unit code (if known): _____

d. Critical low flow of receiving stream (if applicable):
acute _____ cfs chronic _____ cfs

e. Total hardness of receiving stream at critical low flow (if applicable): _____ mg/l of $CaCO_3$

Received

MAY 24 2012

DEQ-SWRO

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FACILITY NAME AND PERMIT NUMBER:
HOLSTON Regional WWTP VA0067351

A.11. Description of Treatment.

a. What levels of treatment are provided? Check all that apply.

✓ Primary ✓ Secondary

____ Advanced ____ Other. Describe: _____

b. Indicate the following removal rates (as applicable):

Design BOD_5 removal or Design $CBOD_5$ removal	95 %
Design SS removal	96 %
Design P removal	____ %
Design N removal	____ %
Other _____	____ %

c. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe.

UV LIGHTS

If disinfection is by chlorination, is dechlorination used for this outfall? ____ Yes ____ No

d. Does the treatment plant have post aeration? ✓ Yes ____ No

A.12. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart.

Outfall number: 001

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	7.51	s.u.	7.69	SU	90
pH (Maximum)	8.19	s.u.	8.10	SU	90
Flow Rate	1.700	MGD	.500	MGD	90
Temperature (Winter)					
Temperature (Summer)					

* For pH please report a minimum and a maximum daily value

POLLUTANT		MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
		Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.								
BIOCHEMICAL OXYGEN DEMAND (Report one)	BOD-5	9.6	MG/L	1.7	MG/L	38	SM 5210B	
	CBOD-5							
FECAL COLIFORM								
TOTAL SUSPENDED SOLIDS (TSS)		17.8	MG/L	2.6	MG/L	38	SM 2540D	

END OF PART A.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

FACILITY NAME AND PERMIT NUMBER:

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BASIC APPLICATION INFORMATION

PART B. ADDITIONAL APPLICATION INFORMATION FOR APPLICANTS WITH A DESIGN FLOW GREATER THAN OR EQUAL TO 0.1 MGD (100,000 gallons per day).

All applicants with a design flow rate ≥ 0.1 mgd must answer questions B.1 through B.6. All others go to Part C (Certification).

B.1. Inflow and Infiltration. Estimate the average number of gallons per day that flow into the treatment works from inflow and/or infiltration.

275000 gpd

Briefly explain any steps underway or planned to minimize inflow and infiltration.

AS A STATUS ON HOSS THE I & I STUDY IS BEING CONDUCTED WITH MAPPING COMPLETED. NOW WORKING ON FLOW MONITORING. NO STATUS ON GOOSE CITY,

B.2. Topographic Map. Attach to this application a topographic map of the area extending at least one mile beyond facility property boundaries. This map must show the outline of the facility and the following information. (You may submit more than one map if one map does not show the entire area.)

SEE NEXT PAGE B2 A & B

a. The area surrounding the treatment plant, including all unit processes.

b. The major pipes or other structures through which wastewater enters the treatment works and the pipes or other structures through which treated wastewater is discharged from the treatment plant. Include outfalls from bypass piping, if applicable.

c. Each well where wastewater from the treatment plant is injected underground.

d. Wells, springs, other surface water bodies, and drinking water wells that are: 1) within 1/4 mile of the property boundaries of the treatment works, and 2) listed in public record or otherwise known to the applicant.

e. Any areas where the sewage sludge produced by the treatment works is stored, treated, or disposed.

f. If the treatment works receives waste that is classified as hazardous under the Resource Conservation and Recovery Act (RCRA) by truck, rail, or special pipe, show on the map where that hazardous waste enters the treatment works and where it is treated, stored, and/or disposed.

B.3. Process Flow Diagram or Schematic. Provide a diagram showing the processes of the treatment plant, including all bypass piping and all backup power sources or redundancy in the system. Also provide a water balance showing all treatment units, including disinfection (e.g, chlorination and dechlorination). The water balance must show daily average flow rates at influent and discharge points and approximate daily flow rates between treatment units. Include a brief narrative description of the diagram.

SEE NEXT PAGE B3-A

B.4. Operation/Maintenance Performed by Contractor(s).

Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor? ____Yes ✓No

If yes, list the name, address, telephone number, and status of each contractor and describe the contractor's responsibilities (attach additional pages if necessary).

Name: _____

Mailing Address: _____

_____

Telephone Number: _____

Responsibilities of Contractor: _____

B.5. Scheduled Improvements and Schedules of Implementation. Provide information on any uncompleted implementation schedule or uncompleted plans for improvements that will affect the wastewater treatment, effluent quality, or design capacity of the treatment works. If the treatment works has several different implementation schedules or is planning several improvements, submit separate responses to question B.5 for each. (If none, go to question B.6.)

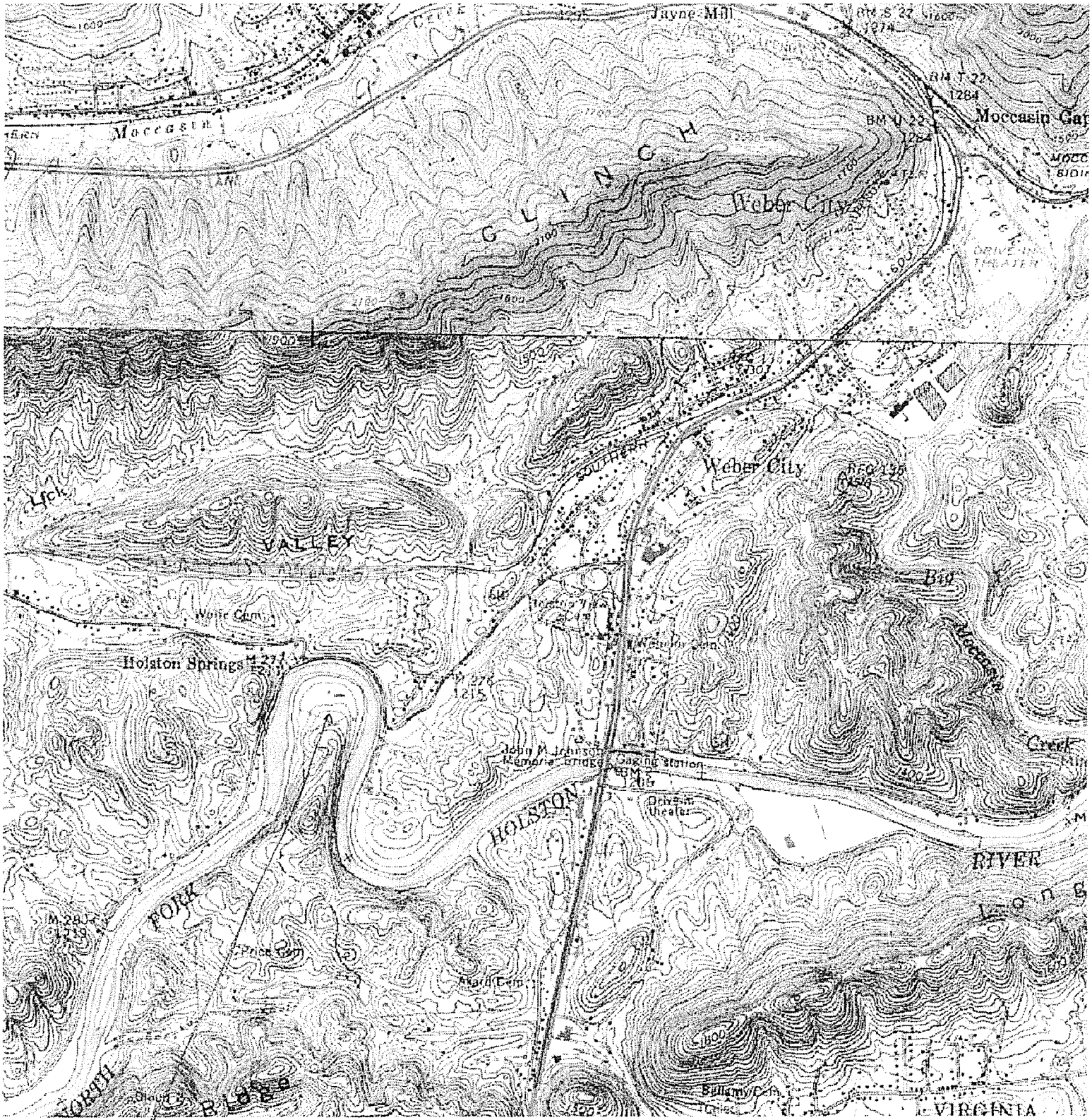
a. List the outfall number (assigned in question A.9) for each outfall that is covered by this implementation schedule.

_____

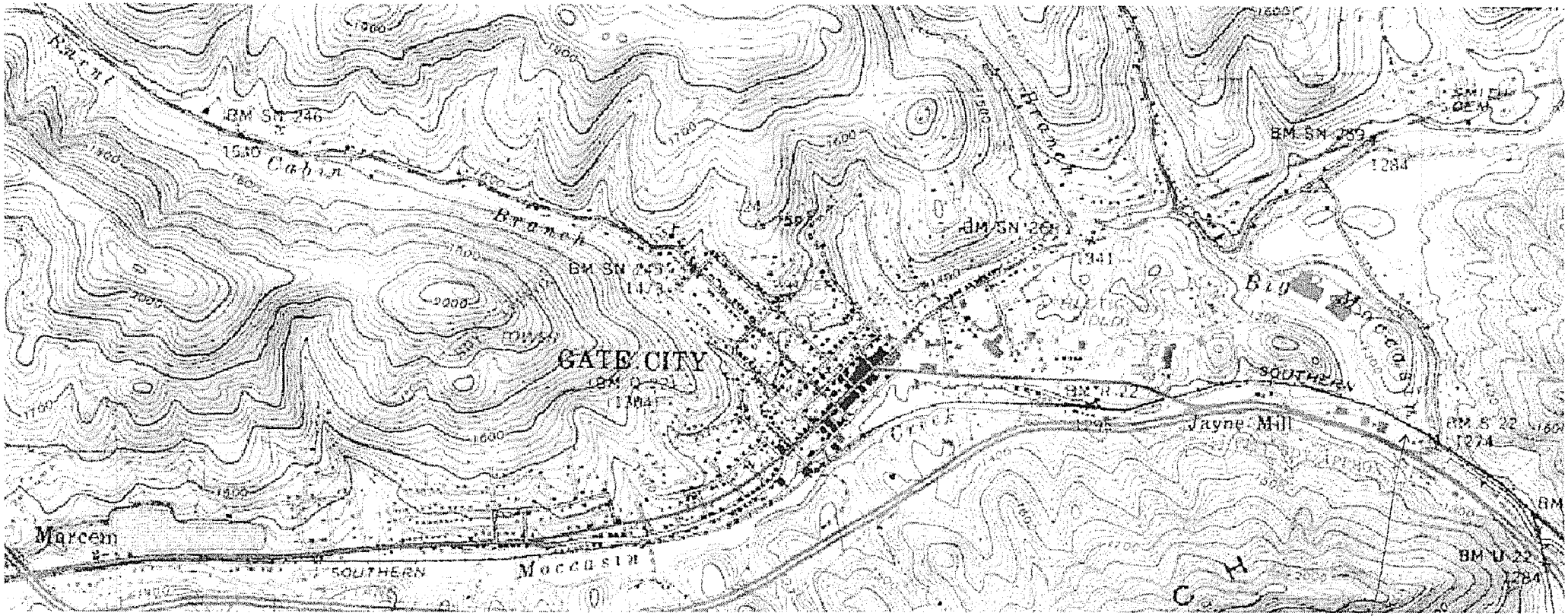
b. Indicate whether the planned improvements or implementation schedule are required by local, State, or Federal agencies.

____Yes ✓No

B2
(A)

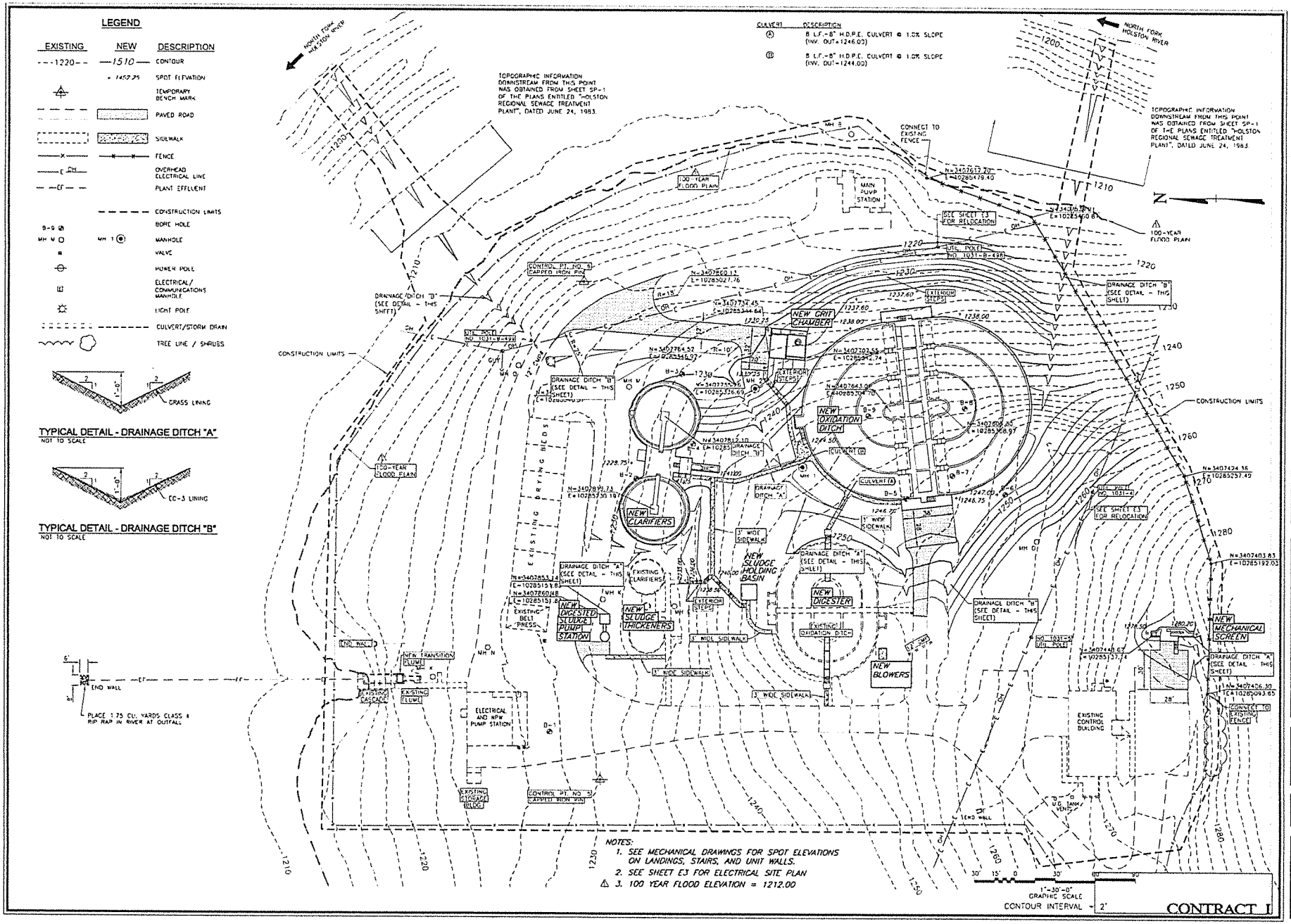


Holston Regional
W.W.T.P.



Gate City Lift Station

(B) 52



COMMONWEALTH OF VIRGINIA
O. BRIAN MCCOUGH
No.036275
PROFESSIONAL ENGINEER

Thompson + Litton
Engineers
Architects
Planners

HOLSTON REGIONAL SEWERAGE IMPROVEMENTS
FOR THE
SCOTT COUNTY PUBLIC SERVICE AUTHORITY

SITE PLAN

No.	Date	Revision
1	1-23-03	VDH COMMENTS REVISED
2	2-25-03	FINAL DOCUMENTS ISSUED
3	10-28-04	FINAL DOCUMENTS REVISED
4	3-28-05	BID DOCUMENTS ISSUED
5	2-21-06	CONSTRUCTION DOCUMENTS ISSUED

Designed:
Drawn:
Checked:
Date: NOVEMBER 2002
File No. 7037C01

Project No.
7037-03

Sheet No.
C1

(2) 53

c If the answer to B.5.b is "Yes," briefly describe, including new maximum daily inflow rate (if applicable).

_____

d. Provide dates imposed by any compliance schedule or any actual dates of completion for the implementation steps listed below, as applicable. For improvements planned independently of local, State, or Federal agencies, indicate planned or actual completion dates, as applicable. Indicate dates as accurately as possible.

	Schedule	Actual Completion
Implementation Stage	MM / DD / YYYY	MM / DD / YYYY
– Begin construction	___/___/_____	___/___/_____
– End construction	___/___/_____	___/___/_____
– Begin discharge	___/___/_____	___/___/_____
– Attain operational level	___/___/_____	___/___/_____

e. Have appropriate permits/clearances concerning other Federal/State requirements been obtained? ____Yes ____No

Describe briefly: _____

_____

B.6. EFFLUENT TESTING DATA (GREATER THAN O.1 MGD ONLY).

Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall Number: 001

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
	Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.							
AMMONIA (as N)							
CHLORINE (TOTAL RESIDUAL, TRC)							
DISSOLVED OXYGEN	N/L	mg/L	9.0	mg/L	1/DAY	Sm 4500-B	
TOTAL KJELDAHL NITROGEN (TKN)							
NITRATE PLUS NITRITE NITROGEN							
OIL and GREASE							
PHOSPHORUS (Total)							
TOTAL DISSOLVED SOLIDS (TDS)							
OTHER							

END OF PART B.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

FACILITY NAME AND PERMIT NUMBER:

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OMB Number 2040-0086

BASIC APPLICATION INFORMATION

PART C. CERTIFICATION

All applicants must complete the Certification Section. Refer to instructions to determine who is an officer for the purposes of this certification. All applicants must complete all applicable sections of Form 2A, as explained in the Application Overview. Indicate below which parts of Form 2A you have completed and are submitting. By signing this certification statement, applicants confirm that they have reviewed Form 2A and have completed all sections that apply to the facility for which this application is submitted.

Indicate which parts of Form 2A you have completed and are submitting:

✓ Basic Application Information packet

Supplemental Application Information packet:

✓ Part D (Expanded Effluent Testing Data)

✓ Part E (Toxicity Testing: Biomonitoring Data)

____ Part F (Industrial User Discharges and RCRA/CERCLA Wastes)

____ Part G (Combined Sewer Systems)

ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title: Daniel A. Danko, Director

Signature: Daniel A. Danko

Telephone number: 276-386-3401

Date signed: April 11, 2012

Upon request of the permitting authority, you must submit any other information necessary to assess wastewater treatment practices at the treatment works or identify appropriate permitting requirements.

SEND COMPLETED FORMS TO:

FACILITY NAME AND PERMIT NUMBER:

Form Approved 1/14/99
OMB Number 2040-0086

SUPPLEMENTAL APPLICATION INFORMATION

PART D. EXPANDED EFFLUENT TESTING DATA

Refer to the directions on the cover page to determine whether this section applies to the treatment works.

Effluent Testing: 1.0 mgd and Pretreatment Treatment Works. If the treatment works has a design flow greater than or equal to 1.0 mgd or it has (or is required to have) a pretreatment program, or is otherwise required by the permitting authority to provide the data, then provide effluent testing data for the following pollutants. Provide the indicated effluent testing information and any other information required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analyses conducted using 40 CFR Part 136 methods. In addition, these data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. Indicate in the blank rows provided below any data you may have on pollutants not specifically listed in this form. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall number: See attached Results (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
METALS (TOTAL RECOVERABLE), CYANIDE, PHENOLS, AND HARDNESS.											
ANTIMONY											
ARSENIC											
BERYLLIUM											
CADMIUM											
CHROMIUM											
COPPER											
LEAD											
MERCURY											
NICKEL											
SELENIUM											
SILVER											
THALLIUM											
ZINC											
CYANIDE											
TOTAL PHENOLIC COMPOUNDS											
HARDNESS (AS $CaCO_3$)											
Use this space (or a separate sheet) to provide information on other metals requested by the permit writer.											

FACILITY NAME AND PERMIT NUMBER:

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SUPPLEMENTAL APPLICATION INFORMATION

PART D. EXPANDED EFFLUENT TESTING DATA

Refer to the directions on the cover page to determine whether this section applies to the treatment works.

Effluent Testing: 1.0 mgd and Pretreatment Treatment Works. If the treatment works has a design flow greater than or equal to 1.0 mgd or it has (or is required to have) a pretreatment program, or is otherwise required by the permitting authority to provide the data, then provide effluent testing data for the following pollutants. Provide the indicated effluent testing information and any other information required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analyses conducted using 40 CFR Part 136 methods. In addition, these data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. Indicate in the blank rows provided below any data you may have on pollutants not specifically listed in this form. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall number: _____ (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
METALS (TOTAL RECOVERABLE), CYANIDE, PHENOLS, AND HARDNESS.											
ANTIMONY											
ARSENIC											
BERYLLIUM											
CADMIUM											
CHROMIUM											
COPPER											
LEAD											
MERCURY											
NICKEL											
SELENIUM											
SILVER											
THALLIUM											
ZINC											
CYANIDE											
TOTAL PHENOLIC COMPOUNDS											
HARDNESS (AS $CaCO_3$)											
Use this space (or a separate sheet) to provide information on other metals requested by the permit writer.											

FACILITY NAME AND PERMIT NUMBER:

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Outfall number: _____ (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
VOLATILE ORGANIC COMPOUNDS.											
ACROLEIN											
ACRYLONITRILE											
BENZENE											
BROMOFORM											
CARBON TETRACHLORIDE											
CLOROBENZENE											
CHLORODIBROMO-METHANE											
CHLOROETHANE											
2-CHLORO-ETHYLVINYL ETHER											
CHLOROFORM											
DICHLOROBROMO-METHANE											
1,1-DICHLOROETHANE											
1,2-DICHLOROETHANE											
TRANS-1,2-DICHLORO-ETHYLENE											
1,1-DICHLOROETHYLENE											
1,2-DICHLOROPROPANE											
1,3-DICHLORO-PROPYLENE											
ETHYLBENZENE											
METHYL BROMIDE											
METHYL CHLORIDE											
METHYLENE CHLORIDE											
1,1,2,2-TETRACHLORO-ETHANE											
TETRACHLORO-ETHYLENE											
TOLUENE											

FACILITY NAME AND PERMIT NUMBER:	*Form Approved 1/14/99* *OMB Number 2040-0086*

Outfall number: _____ (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
1,1,1-TRICHLOROETHANE											
1,1,2-TRICHLOROETHANE											
TRICHLORETHYLENE											
VINYL CHLORIDE											
Use this space (or a separate sheet) to provide information on other volatile organic compounds requested by the permit writer.											
ACID-EXTRACTABLE COMPOUNDS											
P-CHLORO-M-CRESOL											
2-CHLOROPHENOL											
2,4-DICHLOROPHENOL											
2,4-DIMETHYLPHENOL											
4,6-DINITRO-O-CRESOL											
2,4-DINITROPHENOL											
2-NITROPHENOL											
4-NITROPHENOL											
PENTACHLOROPHENOL											
PHENOL											
2,4,6-TRICHLOROPHENOL											
Use this space (or a separate sheet) to provide information on other acid-extractable compounds requested by the permit writer.											
BASE-NEUTRAL COMPOUNDS.											
ACENAPHTHENE											
ACENAPHTHYLENE											
ANTHRACENE											
BENZIDINE											
BENZO(A)ANTHRACENE											
BENZO(A)PYRENE											

FACILITY NAME AND PERMIT NUMBER:

Form Approved 1/14/99
OMB Number 2040-0086

Outfall number: _____ (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
3,4 BENZO-FLUORANTHENE											
BENZO(GHI)PERYLENE											
BENZO(K)FLUORANTHENE											
BIS (2-CHLOROETHOXY) METHANE											
BIS (2-CHLOROETHYL)-ETHER											
BIS (2-CHLOROISO-PROPYL) ETHER											
BIS (2-ETHYLHEXYL) PHTHALATE											
4-BROMOPHENYL PHENYL ETHER											
BUTYL BENZYL PHTHALATE											
2-CHLORONAPHTHALENE											
4-CHLORPHENYL PHENYL ETHER											
CHRYSENE											
DI-N-BUTYL PHTHALATE											
DI-N-OCTYL PHTHALATE											
DIBENZO(A,H) ANTHRACENE											
1,2-DICHLOROBENZENE											
1,3-DICHLOROBENZENE											
1,4-DICHLOROBENZENE											
3,3-DICHLOROBENZIDINE											
DIETHYL PHTHALATE											
DIMETHYL PHTHALATE											
2,4-DINITROTOLUENE											
2,6-DINITROTOLUENE											
1,2-DIPHENYLHYDRAZINE											

FACILITY NAME AND PERMIT NUMBER:	*Form Approved 1/14/99* *OMB Number 2040-0086*

Outfall number: _____ (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
FLUORANTHENE											
FLUORENE											
HEXACHLOROBENZENE											
HEXACHLOROBUTADIENE											
HEXACHLOROCYCLO-PENTADIENE											
HEXACHLOROETHANE											
INDENO(1,2,3-CD)PYRENE											
ISOPHORONE											
NAPHTHALENE											
NITROBENZENE											
N-NITROSODI-N-PROPYLAMINE											
N-NITROSODI- METHYLAMINE											
N-NITROSODI-PHENYLAMINE											
PHENANTHRENE											
PYRENE											
1,2,4-TRICHLOROBENZENE											
Use this space (or a separate sheet) to provide information on other base-neutral compounds requested by the permit writer.											
Use this space (or a separate sheet) to provide information on other pollutants (e.g., pesticides) requested by the permit writer.											

END OF PART D.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

FACILITY NAME AND PERMIT NUMBER:

Form Approved 1/14/99
OMB Number 2040-0086

SUPPLEMENTAL APPLICATION INFORMATION

PART E. TOXICITY TESTING DATA

POTWs meeting one or more of the following criteria must provide the results of whole effluent toxicity tests for acute or chronic toxicity for each of the facility's discharge points: 1) POTWs with a design flow rate greater than or equal to 1.0 mgd; 2) POTWs with a pretreatment program (or those that are required to have one under 40 CFR Part 403); or 3) POTWs required by the permitting authority to submit data for these parameters.

- At a minimum, these results must include quarterly testing for a 12-month period within the past 1 year using multiple species (minimum of two species), or the results from four tests performed at least annually in the four and one-half years prior to the application, provided the results show no appreciable toxicity, and testing for acute and/or chronic toxicity, depending on the range of receiving water dilution. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136.
- In addition, submit the results of any other whole effluent toxicity tests from the past four and one-half years. If a whole effluent toxicity test conducted during the past four and one-half years revealed toxicity, provide any information on the cause of the toxicity or any results of a toxicity reduction evaluation, if one was conducted.
- If you have already submitted any of the information requested in Part E, you need not submit it again. Rather, provide the information requested in question E.4 for previously submitted information. If EPA methods were not used, report the reasons for using alternate methods. If test summaries are available that contain all of the information requested below, they may be submitted in place of Part E.

If no biomonitoring data is required, do not complete Part E. Refer to the Application Overview for directions on which other sections of the form to complete.

E.1. Required Tests.

Indicate the number of whole effluent toxicity tests conducted in the past four and one-half years.

11 chronic 11 acute See E4 and attached Test Results

E.2. Individual Test Data. Complete the following chart for each whole effluent toxicity test conducted in the last four and one-half years. Allow one column per test (where each species constitutes a test). Copy this page if more than three tests are being reported.

	Test number:_____	Test number:_____	Test number:_____
a. Test information.			
Test species & test method number			
Age at initiation of test			
Outfall number			
Dates sample collected			
Date test started			
Duration			
b. Give toxicity test methods followed.			
Manual title			
Edition number and year of publication			
Page number(s)			
c. Give the sample collection method(s) used. For multiple grab samples, indicate the number of grab samples used.			
24-Hour composite			
Grab			
d. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each)			
Before disinfection			
After disinfection			
After dechlorination			

FACILITY NAME AND PERMIT NUMBER:			

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	Test number:_____	Test number:_____	Test number:_____
e. Describe the point in the treatment process at which the sample was collected.			
Sample was collected:			
f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both.			
Chronic toxicity			
Acute toxicity			
g. Provide the type of test performed.			
Static			
Static-renewal			
Flow-through			
h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source.			
Laboratory water			
Receiving water			
i. Type of dilution water. If salt water, specify "natural" or type of artificial sea salts or brine used.			
Fresh water			
Salt water			
j. Give the percentage effluent used for all concentrations in the test series.			
k. Parameters measured during the test. (State whether parameter meets test method specifications)			
pH			
Salinity			
Temperature			
Ammonia			
Dissolved oxygen			
l. Test Results.			
Acute:			
Percent survival in 100% effluent	%	%	%
LC_{50}			
95% C.I.	%	%	%
Control percent survival	%	%	%
Other (describe)			

FACILITY NAME AND PERMIT NUMBER:			

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Chronic:			
NOEC	%	%	%
IC_{25}	%	%	%
Control percent survival	%	%	%
Other (describe)			

m. Quality Control/Quality Assurance.

Is reference toxicant data available?			
Was reference toxicant test within acceptable bounds?			
What date was reference toxicant test run (MM/DD/YYYY)?			
Other (describe)			

E.3. Toxicity Reduction Evaluation. Is the treatment works involved in a Toxicity Reduction Evaluation?

✓ Yes ___ No If yes, describe: We were dropped down to one per year starting in 2012.

E.4. Summary of Submitted Biomonitoring Test Information. If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.

Date submitted: _____ (MM/DD/YYYY) 06-09 3-10 2-11
09-09 6-10 6-11
12-09 9-10 9-11
12-10 12-11

Summary of results: (see instructions)
All test have been submitted to DEQ
All test were non toxic

END OF PART E.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE.

FACILITY NAME AND PERMIT NUMBER:

Form Approved 1/14/99
OMB Number 2040-0086

SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program?

____Yes ✓ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. _____

b. Number of CIUs. _____

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: _____

Mailing Address: _____

_____

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

_____

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): _____

Raw material(s): _____

F.6. Flow Rate.

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

_____ gpd (_____continuous or _____intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

_____ gpd (_____continuous or _____intermittent)

F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following:

a. Local limits ____Yes ____No

b. Categorical pretreatment standards ____Yes ____No

If subject to categorical pretreatment standards, which category and subcategory?

_____

F.8. Problems at the Treatment Works Attributed to Waste Discharged by the SIU. Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

____Yes____No If yes, describe each episode.

_____

_____

RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:

F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe? ____Yes ___No (go to F.12.)

F.10. Waste Transport. Method by which RCRA waste is received (check all that apply):

_____Truck _____Rail _____Dedicated Pipe

F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

____Yes (complete F.13 through F.15.) ____No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

_____

_____

_____

F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

_____

_____

F.15. Waste Treatment.

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

____Yes ____No

If yes, describe the treatment (provide information about the removal efficiency):

_____

_____

b. Is the discharge (or will the discharge be) continuous or intermittent?

____Continuous ____Intermittent If intermittent, describe discharge schedule.

_____

END OF PART F.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

FACILITY NAME AND PERMIT NUMBER:

Form Approved 1/14/99
OMB Number 2040-0086

SUPPLEMENTAL APPLICATION INFORMATION

PART G. COMBINED SEWER SYSTEMS

If the treatment works has a combined sewer system, complete Part G.

G.1. System Map. Provide a map indicating the following: (may be included with Basic Application Information)

a. All CSO discharge points.

b. Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding natural resource waters).

c. Waters that support threatened and endangered species potentially affected by CSOs.

G.2. System Diagram. Provide a diagram, either in the map provided in G.1. or on a separate drawing, of the combined sewer collection system that includes the following information:

a. Locations of major sewer trunk lines, both combined and separate sanitary.

b. Locations of points where separate sanitary sewers feed into the combined sewer system.

c. Locations of in-line and off-line storage structures.

d. Locations of flow-regulating devices.

e. Locations of pump stations.

CSO OUTFALLS:

Complete questions G.3 through G.6 once for each CSO discharge point.

G.3. Description of Outfall.

a. Outfall number _____

b. Location

_____
(City or town, if applicable) (Zip Code)

_____
(County) (State)

_____
(Latitude) (Longitude)

c. Distance from shore (if applicable) _____ ft.

d. Depth below surface (if applicable) _____ ft.

e. Which of the following were monitored during the last year for this CSO?

____Rainfall ____CSO pollutant concentrations ____CSO frequency

____CSO flow volume ____Receiving water quality

f. How many storm events were monitored during the last year? _____

G.4. CSO Events.

a. Give the number of CSO events in the last year.

_____ events (___ actual or ___ approx.)

b. Give the average duration per CSO event.

_____ hours (____ actual or ____ approx.)

c. Give the average volume per CSO event.

_____ million gallons (_____ actual or _____ approx.)

d. Give the minimum rainfall that caused a CSO event in the last year.

_____ inches of rainfall

G.5. Description of Receiving Waters.

a. Name of receiving water: _____

b. Name of watershed/river/stream system: _____

United States Soil Conservation Service 14-digit watershed code (if known): _____

c. Name of State Management/River Basin: _____

United States Geological Survey 8-digit hydrologic cataloging unit code (if known): _____

G.6. CSO Operations.

Describe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shell fish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable State water quality standard).

_____

_____

END OF PART G.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE.

Additional information, if provided, will appear on the following pages.

UNIVERSAL LABORATORIES

REPORT OF ANALYSIS

Order ID: 1204094

(REPORT DATE)
17-Apr-12

TO: ENVIRONMENTAL MONITORING, INC.
5730 Industrial Park Road
P.O. Box 1190
Norton Va. 24273

ATTN: Donna Phillips

FaxNumber: (276) 679-6549
E-MAIL

This report contains the analytical results for Project Id 1534.1
designated as UL Order Id **1204094** and received on *Friday, April 06, 2012*
The results contained in this report relate only to the samples identified on this order. The analytical results meet all requirements of NELAC unless specifically stated. This report shall not be reproduced except in full.

The data in this report has been reviewed and validated by:

Carol Kleemeier — Signature
Carol Kleemeier — Name
Pres/Technical Director — Title

ENVIRONMENTAL MONITORING, INCORPORATED
ENVIRONMENTAL CONSULTANTS ▲ ANALYTICAL LABORATORIES
P.O. BOX 1190 ▲ NORTON, VIRGINIA 24273 ▲ 276/679-6544

Certificate of Analysis

Client Name: SCOTT COUNTY PSA
Address: 156 LEGION STREET
WEBER CITY, VA 24290

Report Date: 04/30/12
Lab Sample No.: **1206326**
Client No.: 1534
EMI Project No.: 1

Sample Identification: EXPANDED EFFLUENT
Site Description:

Date Collected: 04/03/12
Time Collected: 900
Sample Matrix: AQ
Collected By: J BERTON

Parameter	Sample Result	Units	MDL	RL	Method	Date Analyzed	Time Analyzed	Analyst
Hardness, Total	188	mg/l CaCO3	4.00	4.00	SM 2340C	4/10/2012	1433	SAS
Antimony, Total	BDL	mg/l	0.0023	0.030	200.7	4/25/2012	1342	NCC
Arsenic, Total	BDL	mg/l	0.0037	0.030	200.7	4/25/2012	1342	NCC
Beryllium, Total	BDL	mg/l	0.0003	0.0020	200.7	4/25/2012	1342	NCC
Cadmium, Total	BDL	mg/l	0.0022	0.030	200.7	4/25/2012	1342	NCC
Chromium, Total	BDL	mg/l	0.0075	0.030	200.7	4/25/2012	1342	NCC
Copper, Total	0.0038 J	mg/l	0.0010	0.010	200.7	4/25/2012	1342	NCC
Lead, Total	BDL	mg/l	0.0031	0.030	200.7	4/25/2012	1342	NCC
Mercury, Total	BDL	ug/l	0.107	0.500	EPA 245.1-REV.3	4/11/2012	1340	MBQ
Nickel, Total	BDL	mg/l	0.0026	0.030	200.7	4/25/2012	1342	NCC
Selenium, Total	BDL	ug/l	1.36	3.00	200.7	4/30/2012	1354	SDT
Silver, Total	BDL	mg/l	0.0029	0.030	200.7	4/25/2012	1342	NCC
Thallium, Total	BDL	mg/l	0.0030	0.030	200.7	4/25/2012	1342	NCC
Zinc, Total	0.031	mg/l	0.0002	0.010	200.7	4/25/2012	1342	NCC

Flow if Avaliable (GPM):
Temp. if Available (C):
Depth if Available (Ft):
Analysis Package Code: *+

Type of Sample: Grab
BDL = Below Detection Limit
FLD = Field Technician
SCRLF

IV - Flag indicates insufficient Sample Volume
J - Flag indicates estimated value below Report Limit
T - Results indicate possible toxicity which is expected to influence reported value.
NA -A result for this analyte is not available.
MI - Matrix Interference - Final result may not be representative.
BQ = Batch QC Outside Acceptable Range
HE = Parameter Hold Time Exceeded
FC = Failure to Comply Current SOP
R = Sample results rejected because of gross deficiencies in QC or method performance .

ANALYTICAL DATA REPORT

UL ORDER ID 1204094

UL Sample Number 1204094-001
Grab Date/Time: 4/3/2012 09:00:00
Composite Start: N/A
Composite Stop: N/A
Collected By: CLIENT

Sample Site: 1534.1
Client Sample ID: 1206326 - EXPANDED EFFLUENT
Sample Matrix: Wastewater

Parameter	Test Result	Units	RL	MDL	Analysis Date/Time	Analyst	Comment
Method: EPA 335.4							
Cyanide (Total)	<0.005	mg/L	0.005	0.005	4/13/2012 16:07:00	HAM	
Method: EPA 420.2							
Phenolics (Total)	<0.1	mg/L	0.1	0.1	4/9/2012 14:58:00	HAM	*Run by SM 510 A/C*
Method: EPA 624							
1,1,1-Trichloroethane	<1	ug/L	1	0.5	4/10/2012 23:45:00	HAM	
1,1,2,2-Tetrachloroethane	<1	ug/L	1	0.5	4/10/2012 23:45:00	HAM	
1,1,2-Trichloroethane	<1	ug/L	1	0.5	4/10/2012 23:45:00	HAM	
1,1-Dichloroethane	<1	ug/L	1	0.5	4/10/2012 23:45:00	HAM	
1,1-Dichloroethene	<1	ug/L	1	0.5	4/10/2012 23:45:00	HAM	
1,2-Dichlorobenzene	<1	ug/L	1	0.5	4/10/2012 23:45:00	HAM	
1,2-Dichloroethane	<1	ug/L	1	0.5	4/10/2012 23:45:00	HAM	
1,2-Dichloropropane	<1	ug/L	1	0.5	4/10/2012 23:45:00	HAM	
1,3-Dichlorobenzene	<1	ug/L	1	0.5	4/10/2012 23:45:00	HAM	
1,4-Dichlorobenzene	<1	ug/L	1	0.5	4/10/2012 23:45:00	HAM	
2-Chloroethyl Vinyl Ether	<10	ug/L	10	1	4/10/2012 23:45:00	HAM	
4-Methyl-2-pentanone	<1	ug/L	1	0.5	4/10/2012 23:45:00	HAM	
Acrolein	<5	ug/L	5	1	4/10/2012 23:45:00	HAM	
Acrylonitrile	<5	ug/L	5	1	4/10/2012 23:45:00	HAM	
Benzene	<1	ug/L	1	0.5	4/10/2012 23:45:00	HAM	
Bromodichloromethane	<1	ug/L	1	0.5	4/10/2012 23:45:00	HAM	
Bromoform	<1	ug/L	1	0.5	4/10/2012 23:45:00	HAM	
Bromomethane	<1	ug/L	1	0.5	4/10/2012 23:45:00	HAM	
Carbon Tetrachloride	<1	ug/L	1	0.5	4/10/2012 23:45:00	HAM	
Chlorobenzene	<1	ug/L	1	0.5	4/10/2012 23:45:00	HAM	
Chlorodibromomethane	<1	ug/L	1	0.5	4/10/2012 23:45:00	HAM	
Chloroethane	<1	ug/L	1	0.5	4/10/2012 23:45:00	HAM	
Chloroform	<1	ug/L	1	0.5	4/10/2012 23:45:00	HAM	
Chloromethane	<1	ug/L	1	0.5	4/10/2012 23:45:00	HAM	
Cis-1,3-dichloropropene	<1	ug/L	1	0.5	4/10/2012 23:45:00	HAM	
Ethyl Benzene	<1	ug/L	1	0.5	4/10/2012 23:45:00	HAM	
Methyl ethyl ketone	<1	ug/L	1	0.5	4/10/2012 23:45:00	HAM	

ANALYTICAL DATA REPORT

UL ORDER ID 1204094

UL Sample Number 1204094-001
Grab Date/Time: 4/3/2012 09:00:00
Composite Start: N/A
Composite Stop: N/A
Collected By: CLIENT

Sample Site: 1534.1
Client Sample ID: 1206326 -EXPANDED EFFLUENT
Sample Matrix: Wastewater

Parameter	Test Result	Units	RL	MDL	Analysis Date/Time	Analyst	Comment
Methylene Chloride	<10	ug/L	10	5	4/10/2012 23:45:00	HAM	
Tetrachloroethene	<1	ug/L	1	0.5	4/10/2012 23:45:00	HAM	
Toluene	3	ug/L	1	0.5	4/10/2012 23:45:00	HAM	
Total Xylenes	<2	ug/L	2	1	4/10/2012 23:45:00	HAM	
Trans-1,2-dichloroethene	<1	ug/L	1	0.5	4/10/2012 23:45:00	HAM	
Trans-1,3-dichloropropene	<1	ug/L	1	0.5	4/10/2012 23:45:00	HAM	
Trichloroethene	<1	ug/L	1	0.5	4/10/2012 23:45:00	HAM	
Trichlorofluoromethane	<1	ug/L	1	0.5	4/10/2012 23:45:00	HAM	
Vinyl Chloride	<1	ug/L	1	0.5	4/10/2012 23:45:00	HAM	
Method: EPA 625							
1,2,4-Trichlorobenzene	<5	ug/L	5	2	4/11/2012 02:30:00	HAM	
1,2-Diphenylhydrazine	<5	ug/L	5	2	4/11/2012 02:30:00	HAM	
2,4,6-Trichlorophenol	<5	ug/L	5	2	4/11/2012 02:30:00	HAM	
2,4-Dichlorophenol	<5	ug/L	5	2	4/11/2012 02:30:00	HAM	
2,4-Dimethylphenol	<5	ug/L	5	2	4/11/2012 02:30:00	HAM	
2,4-Dinitrophenol	<5	ug/L	5	2	4/11/2012 02:30:00	HAM	
2,4-Dinitrotoluene	<5	ug/L	5	2	4/11/2012 02:30:00	HAM	
2,6-Dinitrotoluene	<5	ug/L	5	2	4/11/2012 02:30:00	HAM	
2-Chloronaphthalene	<5	ug/L	5	2	4/11/2012 02:30:00	HAM	
2-Chlorophenol	<5	ug/L	5	2	4/11/2012 02:30:00	HAM	
2-Methyl-4,6-dinitrophenol	<5	ug/L	5	2	4/11/2012 02:30:00	HAM	
2-Nitrophenol	<5	ug/L	5	2	4/11/2012 02:30:00	HAM	
3,3'-Dichlorobenzidine	<5	ug/L	5	2	4/11/2012 02:30:00	HAM	
4-Bromophenyl Phenyl Ether	<5	ug/L	5	2	4/11/2012 02:30:00	HAM	
4-Chloro-3-methylphenol	<5	ug/L	5	2	4/11/2012 02:30:00	HAM	
4-Chlorophenyl Phenyl Ether	<5	ug/L	5	2	4/11/2012 02:30:00	HAM	
4-Nitrophenol	<10	ug/L	10	2	4/11/2012 02:30:00	HAM	
Acenaphthene	<5	ug/L	5	2	4/11/2012 02:30:00	HAM	
Acenaphthylene	<5	ug/L	5	2	4/11/2012 02:30:00	HAM	
Anthracence	<5	ug/L	5	2	4/11/2012 02:30:00	HAM	
Benzidine	<5	ug/L	5	2	4/11/2012 02:30:00	HAM	
Benzo (A) Anthracene	<5	ug/L	5	2	4/11/2012 02:30:00	HAM	

ANALYTICAL DATA REPORT

UL ORDER ID 1204094

UL Sample Number 1204094-001
Grab Date/Time: 4/3/2012 09:00:00
Composite Start: N/A
Composite Stop: N/A
Collected By: CLIENT

Sample Site: 1534.1
Client Sample ID: 1206326 - EXPANDED EFFLUENT
Sample Matrix: Wastewater

Parameter	Test Result	Units	RL	MDL	Analysis Date/Time	Analyst	Comment
Benzo (A) Pyrene	<5	ug/L	5	2	4/11/2012 02:30:00	HAM	
Benzo (B) Fluoranthene	<5	ug/L	5	2	4/11/2012 02:30:00	HAM	
Benzo (GHI) Perylene	<5	ug/L	5	2	4/11/2012 02:30:00	HAM	
Benzo (K) Fluoranthene	<5	ug/L	5	2	4/11/2012 02:30:00	HAM	
Bis(2-chloroethoxy)methane	<5	ug/L	5	2	4/11/2012 02:30:00	HAM	
Bis(2-chloroethyl)ether	<5	ug/L	5	2	4/11/2012 02:30:00	HAM	
Bis(2-chloroIsopropyl) Ether	<5	ug/L	5	2	4/11/2012 02:30:00	HAM	
Bis(2-ethylhexyl) Phthalate	<5	ug/L	5	2	4/11/2012 02:30:00	HAM	
Butyl Benzyl Phthalate	<5	ug/L	5	2	4/11/2012 02:30:00	HAM	
Chrysene	<5	ug/L	5	2	4/11/2012 02:30:00	HAM	
Di-n-butyl Phthalate	<5	ug/L	5	2	4/11/2012 02:30:00	HAM	
Di-n-octyl Phthalate	<5	ug/L	5	2	4/11/2012 02:30:00	HAM	
DIBENZO (A,H)Anthracene	<5	ug/L	5	2	4/11/2012 02:30:00	HAM	
Diethyl Phthalate	<5	ug/L	5	2	4/11/2012 02:30:00	HAM	
Dimethyl Phthalate	<5	ug/L	5	2	4/11/2012 02:30:00	HAM	
Fluoranthene	<5	ug/L	5	2	4/11/2012 02:30:00	HAM	
Fluorene	<5	ug/L	5	2	4/11/2012 02:30:00	HAM	
Hexachlorobenzene	<5	ug/L	5	2	4/11/2012 02:30:00	HAM	
Hexachlorobutadiene	<5	ug/L	5	2	4/11/2012 02:30:00	HAM	
Hexachlorocyclopentadiene	<5	ug/L	5	2	4/11/2012 02:30:00	HAM	
Hexachloroethane	<5	ug/L	5	2	4/11/2012 02:30:00	HAM	
Indeno(1,2,3-cd)pyrene	<5	ug/L	5	2	4/11/2012 02:30:00	HAM	
Isophorone	<5	ug/L	5	2	4/11/2012 02:30:00	HAM	
N-Nitroso-di-n-propylamine	<5	ug/L	5	2	4/11/2012 02:30:00	HAM	
N-Nitrosodimethylamine	<5	ug/L	5	2	4/11/2012 02:30:00	HAM	
N-Nitrosodiphenylamine	<5	ug/L	5	2	4/11/2012 02:30:00	HAM	
Naphthalene	<5	ug/L	5	2	4/11/2012 02:30:00	HAM	
Nitrobenzene	<5	ug/L	5	2	4/11/2012 02:30:00	HAM	
Pentachlorophenol	<5	ug/L	5	2	4/11/2012 02:30:00	HAM	
Phenanthrene	<5	ug/L	5	2	4/11/2012 02:30:00	HAM	
Phenol	<5	ug/L	5	2	4/11/2012 02:30:00	HAM	
Pyrene	<5	ug/L	5	2	4/11/2012 02:30:00	HAM	

ANALYTICAL DATA REPORT

UL ORDER ID 1204094

UL Sample Number	1204094-001	Sample Site:	1534.1
Grab Date/Time:	4/3/2012 09:00:00	Client Sample ID:	1206326 -EXPANDED EFFLUENT
Composite Start:	N/A	Sample Matrix:	Wastewater
Composite Stop:	N/A		
Collected By:	CLIENT		

Parameter	Test Result	Units	RL	MDL	Analysis Date/Time	Analyst	Comment

Comments for 1204094-001

No comments

ANALYTICAL DATA REPORT

UL ORDER ID 1204094

Analytical Methods Reference

VDEH Lab# 00030 (Hampton) VDEH Lab# 00065 (Fredricksburg) NCWW Lab # 543 (Hampton)
NCDW Lab # 51706 (Hampton) VELAP ID 460036 (Hampton)

Description:	*Prep Method:*	*Method*	*Reference*	*accredited/status*
Wastewater				
Cyanide (Total)	SEAL EPA 130 A	EPA 335.4		Accredited
Volatile Organic Compounds	EPA 624	EPA 624	40 CFR part 136 App. A	Accredited
Semi-Volatile Organic Compounds	EPA 625	EPA 625	40 CFR part 136 App. A	Accredited
Phenolics (Total)	SEAL EPA 117 A	EPA 420.2		Accredited

NOTE: Analysis is performed according to Universal Laboratories Standard Operating Procedures which are based on the analytical methods referenced above

GLOSSARY OF TERMS AND ABBREVIATIONS

RL (Reporting Limit): The minimum levels, concentrations, or quantities of target analyte that can be reported with a specified degree of confidence.Generally this number is near or equal to the lowest calibration standard run with the analytical batch.

MDL (Method Detection Limit): The constituent concentration that, when processed through the complete method, produces a signal with a 99% probability that it is different from the blank.

LCS (Laboratory Control Sample): is a sample matrix free from the analytes of interest, spiked with verified amounts of analytes.

MS (Matrix Spike): a sample prepared by adding a known mass of target analyte to a specific amount of sample for which an independant estimate of target analyte concentration is available.

MSD (Matrix Spike Duplicate): is a replicate matrix spike prepared in the laboratory and anlyzed to obtain a measure of the precision recovery for each analyte.

Surrogate is a substance with properties that mimic the analyte of interest.It is unlikely to be found in environmental samples and is added to them for quality control purposes

IS (Internal Standard): is a known amount of standard added to a test portion of the sample as a reference for evaluation and controlling the precsion and bias of the applied analytical method.

RPD (Relative Percent Difference) is the difference between a set of sample duplicates or sample spike duplicates

ICV (Initial Calibration Verification) CCV (Continuing Calibration Verification) FCV (Final Calibration Verification)

Method Blank is a sample matrix smilar to the batch of associated samples that is free from analytes of interest and is processed simultaneously with and under the same conditions as samples.

Trip Blank is a sample of analyte free media collected in the same type of container that is required for the analytical test, taken from the laboratory to the sampling site and returned to the laboratory unopened. A trip blank is used to document contamination attributable to shipping and field handling procedures

Holding Time is the maximum times that samples may be held prior to analysis and still be considered valid or not compromised

ug/L=ppb ug/kg=ppb mg/kg=ppm mg/L=ppm

QC Flag	Description
B	Analyte found in method blank
H	Holding time exceeded
L	LCS outside acceptable limits
V	ICV/CCV/FCV outside acceptable limits
D	RPD outside acceptable limits
MS	Matrix spike recovery outside acceptable limits
J	Result above calibration curve approximate value
QC	Method QC Critera not met
MI	Matrix Interference
S	Surrogate outside acceptable limits
IS	Internal standard outside acceptable limits

Bin 23

Sheet ___ of ___

SAMPLE LOG SHEET & CHAIN OF CUSTODY

LAB USE ONLY
COC No.: _____
DATE RECEIVED LAB: _____

C000244

EMI PROFESSIONAL SERVICES

ENVIRONMENTAL MONITORING, INCORPORATED
ENVIRONMENTAL CONSULTANTS ▲ ANALYTICAL LABORATORIES
P.O. Box 1190 ▲ Norton, Virginia 24273 ▲ 276-679-6544

CUSTOMER INFORMATION: Shaded Areas • LAB INFORMATION: White Areas

*CLIENT: South C. PSA BILLING ADDRESS: _____
*CONTACT: _____ CITY: _____
STATE/ZIP _____
PHONE ( ) _____
FAX ( ) _____
Purchase Order No. _____

*Required Information
*COLLECTED BY (print) Jason Benton
COLLECTOR(S) SIGNATURE(S) _____

TURN-AROUND (circle): 2 Day (Working Days) | 3 Day (Working Days) | 5 Day (Working Days) | 10 Day (Working Days) | Regular (15 Working Days)
Additional Cost May Apply – Any TAT Not Specified Will Be Regular

*SITE ID:
CLIENT PROJ. NO.
EMI PROJECT MANAGER: 1
*EMI PROJECT NO.: 1534.1
Special Instructions / QC Requirements & Comments

SAMPLES WILL BE DISPOSED OF IN ACCORDANCE WITH EMI's TERMS & CONDITIONS OR RETURNED TO CLIENT OR Archive for _____ months

	EMI No.	EMI SAMPLE #	*CUSTOMER SAMPLE IDENTIFICATION	*DATE COLLECTED	*TIME COLLECTED	*SAMPLE MATRIX	*No. of CNTRS.	*PARAMETER (ANALYSIS REQUESTED): Arsenic	Metals	VOC's	Phenol's	Cyanide	*PRESERVATIVE USED: Cool < 6°C	HNO_3	HCl	H_2SO_4	Na OH	Other:	Preservation Checked By Date:	REMARKS
1.		1206326	1534.1	4-3-12	9:00am	SO	12						6	1	3	1	1			
2.			Expanded Effluent																	
3.																				
4.																				
5.																				
6.																				
7.																				
8.																				
9.																				
10.																				QA Review:

Check Shaded Area for Each Parameter Requested on Each Sample
White Area Lab Use Only

* Hazard Information: (circle) Non Hazard | Flammable | Skin Irritant | Poison B | Unknown

Anomaly Report Required:

*Relinquished by (sign)	*Date/Time	*Received By (sign)	*Relinquished by (sign)	*Date/Time	*Received By (sign)
	4-3-12 1047			4/3/12 1047	Sabrina Bin 23
	4/3/12 1400				

*METHOD OF SHIPMENT TO LAB (circle)
US MAIL | UPS | FED. EX. | EMI-DIRECT | EMI PICKUP | PERSONAL DELIVERY | OTHER

Temperature of Cooler upon Receipt by Lab: 0°C

Report to be sent (if different than customer information):
NAME: _____
ADDRESS: _____
CITY: _____
STATE/ZIP _____ FAX ( ) _____

Customer to complete all shaded categories, use additional forms if necessary

Additional Remarks:

FACILITY NAME:_____ VPDES PERMIT NUMBER:

VPDES SEWAGE SLUDGE PERMIT APPLICATION FORM

SCREENING INFORMATION

This application is divided into sections. Sections A pertain to all applicants. The applicability of Sections B, C and D depend on your facility's sewage sludge use or disposal practices. The information provided on this page will help you determine which sections to fill out.

1. All applicants must complete Section A (General Information).

2. Will this facility generate sewage sludge? ✓ Yes __No

   Will this facility derive a material from sewage sludge? ✓ Yes __No

   If you answered Yes to either, complete Section B (Generation Of Sewage Sludge Or Preparation Of A Material Derived From Sewage Sludge).

3. Will this facility apply sewage sludge to the land? __Yes ✓ No

   Will sewage sludge from this facility be applied to the land? __Yes ✓ No

   If you answered No to both questions above, skip Section C.

   If you answered Yes to either, answer the following three questions:

   a. Will the sewage sludge from this facility meet the ceiling concentrations, pollutant concentrations, Class A pathogen reduction requirements and one of the vector attraction reduction requirements 1-8, as identified in the instructions?
   __Yes __No

   b. Will sewage sludge from this facility be placed in a bag or other container for sale or give-away for application to the land? __Yes __No

   c. Will sewage sludge from this facility be sent to another facility for treatment or blending? __Yes __No

   If you answered No to all three, complete Section C (Land Application Of Bulk Sewage Sludge).

   If you answered Yes to a, b or c, skip Section C.

4. Do you own or operate a surface disposal site? __Yes __No

   If Yes, complete Section D (Surface Disposal).

FACILITY NAME: Holston Regional WWT P VPDES PERMIT NUMBER: VA. 0067 Received

JUN 19 2012

DEQ-SWRC

SECTION A. GENERAL INFORMATION

All applicants must complete this section.

1. **Facility Information.**
   a. Facility name: Holston Regional Wastewater Treatment Plant
   b. Contact person: Brain Dorton
      Title: Chief Operator
      Phone: (276) 386-6004
   c. Mailing address:
      Street or P.O. Box: 156 Legion Street
      City or Town: Weber City State: VA Zip: 24290
   d. Facility location:
      Street or Route #: Quail Run Lane
      County: Scott
      City or Town: Weber City State: VA Zip: 24290
   e. Is this facility a Class I sludge management facility? ____ Yes ____ No
   f. Facility design flow rate: 1.25 mgd
   g. Total population served: 3361
   h. Indicate the type of facility:
      ✓ Publicly owned treatment works (POTW)
      ____ Privately owned treatment works
      ____ Federally owned treatment works
      ____ Blending or treatment operation
      ____ Surface disposal site
      ____ Other (describe):

2. **Applicant Information.** If the applicant is different from the above, provide the following:
   a. Applicant name: Scott County Public Service Authority
   b. Mailing address:
      Street or P.O. Box: 156 Legion Street
      City or Town: Weber City State: VA Zip: 24290
   c. Contact person: Danny Danko
      Title: Director
      Phone: (276) 386-3401
   d. Is the applicant the owner or operator (or both) of this facility?
      ✓ owner ____ operator
   e. Should correspondence regarding this permit be directed to the facility or the applicant?
      ____ facility ✓ applicant

3. **Permit Information.**
   a. Facility's VPDES permit number (if applicable): VA. 0067351
   b. List on this form or an attachment, all other federal, state or local permits or construction approvals received or applied for that regulate this facility's sewage sludge management practices:

Permit Number:	Type of Permit:
45 0043	OCCS
~~SAB~~ #37-104-0185 EXT.	~~#2~~ SNL

FACILITY NAME: Holston Regional WWTP VPDES PERMIT NUMBER: VA 0067351

4. **Indian Country.** Does any generation, treatment, storage, application to land or disposal of sewage sludge from this facility occur in Indian Country? _____ Yes ___✓___ No If "Yes", describe:

_____

5. **Topographic Map.** Provide a topographic map or maps (or other appropriate maps if a topographic map is unavailable) that shows the following information. Maps should include the area one mile beyond all property boundaries of the facility:
   a. Location of all sewage sludge management facilities, including locations where sewage sludge is generated, stored, treated, or disposed. Attached map
   b. Location of all wells, springs, and other surface water bodies listed in public records or otherwise known to the applicant within 1/4 mile of the property boundaries. N/A

6. **Line Drawing.** Provide a line drawing and/or a narrative description that identifies all sewage sludge processes that will be employed during the term of the permit including all processes used for collecting, dewatering, storing, or treating sewage sludge, the destination(s) of all liquids and solids leaving each unit, and all methods used for pathogen reduction and vector attraction reduction.

7. **Contractor Information.** Are any operational or maintenance aspects of this facility related to sewage sludge generation, treatment, use or disposal the responsibility of a contractor? _____ Yes ___✓___ No

   If "Yes", provide the following for each contractor (attach additional pages if necessary).

   Name: _____

   Mailing address:

   Street or P.O. Box: _____

   City or Town: _____ State: _____ Zip: _____

   Phone: (_____) _____

   Contractor's Federal, State or Local Permit Number(s) applicable to this facility's sewage sludge:

   _____

   If the contractor is responsible for the use and/or disposal of the sewage sludge, provide a description of the service to be provided to the applicant and the respective obligations of the applicant and the contractor(s).

8. **Pollutant Concentrations.** Using the table below or a separate attachment, provide sewage sludge monitoring data for the pollutants which limits in sewage sludge have been established in 9 VAC 25-31-10 et seq. for this facility's expected use or disposal practices. All data must be based on three or more samples taken at least one month apart and must be no more than four and one-half years old. See Cover Letter

POLLUTANT	CONCENTRATION (mg/kg dry weight)	SAMPLE DATE	ANALYTICAL METHOD	DETECTION LEVEL FOR ANALYSIS
Arsenic				
Cadmium				
Chromium				
Copper				
Lead				
Mercury				
Molybdenum				
Nickel				
Selenium				
Zinc				

FACILITY NAME: Holston Regional WWTP **VPDES PERMIT NUMBER:** VA. 0067351

9. **Certification.** Read and submit the following certification statement with this application. Refer to the instructions to determine who is an officer for purposes of this certification. Indicate which parts of the application you have completed and are submitting:

   ✓ Section A (General Information)

   ✓ Section B (Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge)

   _____ Section C (Land Application of Bulk Sewage Sludge)

   _____ Section D (Surface Disposal)

   "I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

   Name and official title Scott County Public Service Authority Director

   Signature Danny Yanto ✓ Date Signed 5-2-12

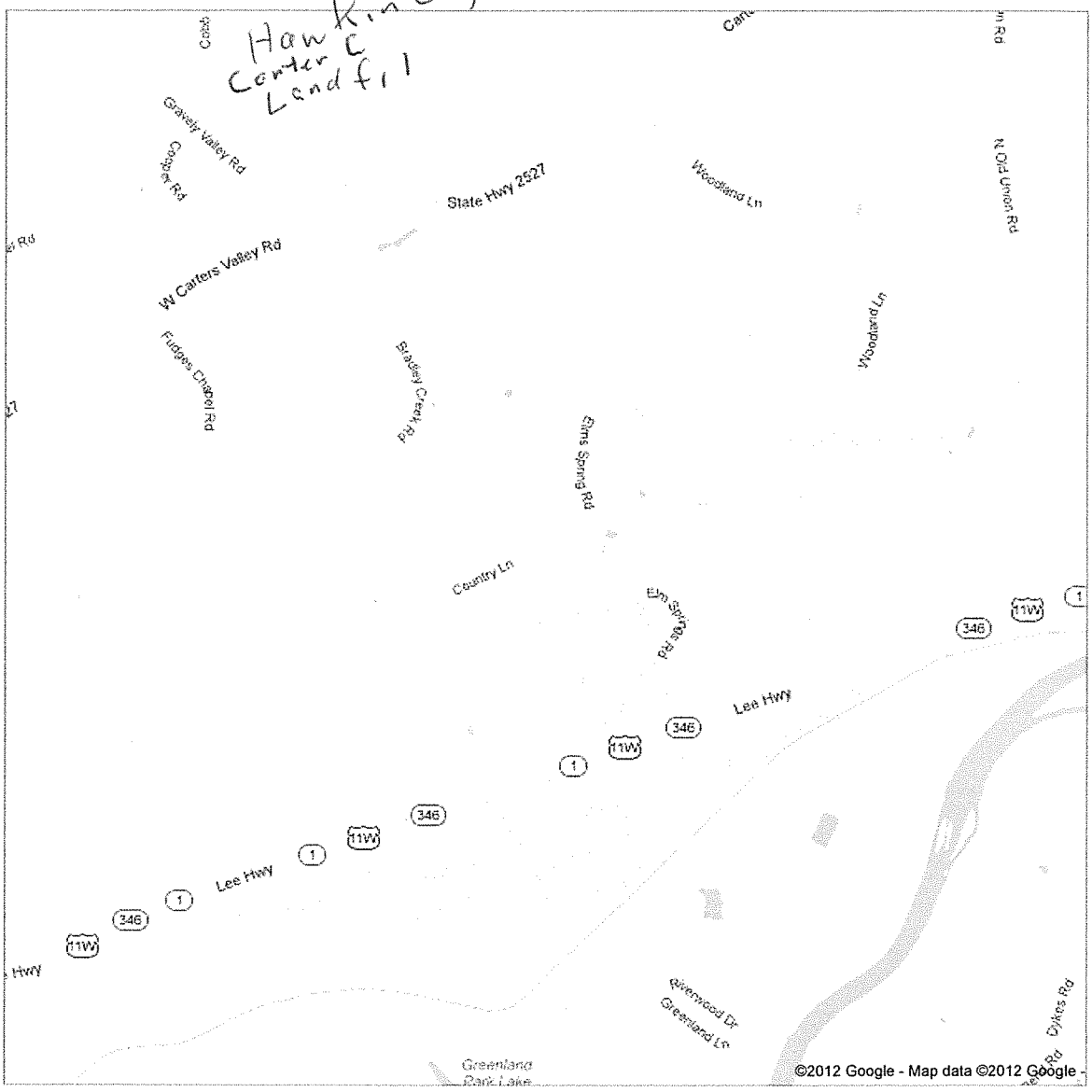
   Telephone number (276) 386-3401

   Upon request of the department, you must submit any other information necessary to assess sewage sludge use or disposal practices at your facility or identify appropriate permitting requirements.

Hauling Section 4 Route #5

Google

Google



Google

Sludge from the Scott County PSA Holston Regional WWTP is transport to the Hawkins County TN. landfill as shown on the map below. From Virginia the route is 23 south to I-26 east to II West to Bradley Creek Rd to Hawkins County Landfill.

STATE OF TENNESSEE
TENNESSEE DEPARTMENT OF ENVIRONMENT AND CONSERVATION
JOHNSON CITY ENVIRONMENTAL FIELD OFFICE
2305 SILVERDALE ROAD
JOHNSON CITY, TENNESSEE 37601-2162
(423) 854-5400 STATEWIDE 1-888-891-8332 FAX (423) 854-5401

October 28, 2009

NOTICE OF SPECIAL WASTE APPROVAL

Holston Regional Waste Water Treatment Plant
ATTN: Mr. James Mullins, Chief Operator
P. O. Box 2236
Weber City, Virginia 24290

RE: Special Waste Approval –*Waste Water Treatment Plant Sludge*
BFI-Carters Valley Landfill, Reg. Number SNL #37-104-0185 EXT.

Dear Mr. Mullins:

Rule 1200-1-7-.01(4) of the regulation promulgated under the authority of the Tennessee Solid Waste Disposal Act states that: "Except as may be specifically allowed in the permit an operator may not accept for processing or disposal at his facility any special waste unless and until specifically approved to do so in writing by the Department.

On September 30, 2009, the Holston Regional Waste Water Treatment Plant petitioned (file 37-5-2 SW 2915) the Division of Solid Waste Management (DSWM) for approval to dispose of waste water treatment plant sludge in the BFI-Carter's Valley Landfill.

Based upon review of the submitted special waste evaluation application forms, laboratory analytical results, and after observing the waste, the DSWM has determined the waste is suitable for disposal in the BFI-Carter's Valley Landfill, contingent upon the following conditions/restrictions:

1. The approved amount is 24 tons per week.

2. The waste is similar to that observed by Nat Smith and Chris Lamb on October 26, 2009.

3. If the physical or chemical properties of the waste change significantly, the Division must be immediately notified for re-evaluation.

4. If the process generating the waste changes, the Division must be immediately notified.

5. Be advised that no free liquids are allowed for landfill disposal except as per the liquid waste regulations.

6. The waste may not be transported to a transfer station but must be taken directly to the landfill for disposal.

7. The waste may be routinely managed with other solid waste at the facility.

8. If the landfill operator rejects the waste for any reason, he must notify the Division immediately.

9. Advance notice must be given to the landfill operator prior to receiving the waste, or a routine schedule established if disposal is continuous. Good communications should be maintained between generator and landfill operator to allow flexibility.

10. A copy of the approval letter and the Special Waste Application Form must be kept at the disposal facility.

11. This office must be provided with an updated Special Waste Recertification form annually, due between **January 1st** and **July 1st** of each year except for the year in which the waste was originally approved.

This determination is only for the waste described herein. The addition of any other waste not identified in this letter will require re-evaluation. Be advised that the facility operator may refuse to accept any solid waste even if it has been approved in writing by the Division.

Sincerely,

Fred Willingham

Fred Willingham, Environmental Field Office Manager
Division of Solid Waste Management

Chris M. Lamb

Chris M. Lamb, EPS
Division of Solid Waste Management

xc: Mr. Brian Mann, Special Waste Consultant, BFI-Caters Valley Landfill, 2825 Carters Valley Road, Church Hill, TN 37659 (email)
DSWM, Central Office 37-05
DSWM, JCFO File #37-5-2 SW 2920

DEPARTMENT OF ENVIRONMENT AND CONSERVATION
DIVISION OF SOLID WASTE MANAGEMENT
SPECIAL WASTE RECERTIFICATION

1. GENERATOR INFORMATION

(A) Facility Name: Scott County Public Service Authority Holston Regional WWTP
Mailing Address: 156 Legion Street
Weber City, VA 24290
Zip Code:
Phone: (276) 386-3401

(B) Physical Location: 650 Quail Run Lane
County: Scott
Phone: (276) 386-6004

(C) Nature of Business: Wastewater Treatment
Technical Contact: James Mullins - Brain Dunton
Title: Chief Operator
Phone: (276) 386-6004

2. NAME AND DESCRIPTION OF WASTE

Aerobically digested sludge

3. GENERATION RATE

_____ cubic yards/month, or 96 tons/month

4. DATE OF ORIGINAL APPROVAL LETTER October 28, 2009

(ATTACH A COPY OF THE ORIGINAL APPROVAL LETTER)

5. DISPOSAL / PROCESSING FACILITY. List the facility accepting the waste.

(A) Facility Name: Carter Valley Landfill
(B) Facility Permit Number: SNL 37-0185
(C) Facility Operator / Contact Name: Brian Mann
Phone: (615) 947-8506

6. I hereby certify to the best of my knowledge, the above information is true and accurate, and the waste has not changed since the original approval has been granted.

Waste Generator's Name (Print)	Preparer's Name (Print)
Scott Co. PSA / Holston Regional WWTP	James E. Mullins II
Waste Generator's Authorized Signature	Preparer's Signature (If Different)
	James E Mullins II
Date 1-21-2011	Date 1-21-2011

Send originals with requested attachments to the facility listed in Item 5 above and a copy to the Environmental Assistance Center where the processing or disposal facility is located.

(continued on reverse)

TENNESSEE DEPARTMENT OF ENVIRONMENT AND CONSERVATION
Division of Solid Waste Management
401 Church Street, 5th Floor
Nashville TN 37243

SPECIAL WASTE FEE WORKSHEET

1. DATE	Central Office Use Only
1-21-2011	SPC ID # _____

2. GENERATOR

(A) Name: Scott County Public Service Authority / Holston Regional WWTP
Address: 155 Legion Street Weber City, VA
Zip Code: 24290
Phone: (276) 386-6004

(B) Contact Person: ~~James Mullins~~ Brain Dorton
Title: Chief Operator
Phone: (276) 386-6004

3. Amount Enclosed: $ 150.00

4.
- ☐ Special Waste Evaluation $300
- ☒ Special Waste Recertification $150

5. Name and Address of Waste Processing or Disposal Facility

Name: Holston Regional WWTP
Address: 650 Quail Run Lane Weber City, VA
Zip Code: 24290

Central Office Use Only

CD Number	Date Received	Amount	Receipt #	Comments

Send fee worksheet with payment directly to.

State of Tennessee
Department of Environment and Conservation
Division of Fiscal Services – Fee Section – SWM
401 Church Street, 14th Floor Tower
Nashville, TN 37243

REPUBLIC SERVICES, INC.

Republic Services, Inc.

18500 N. Allied Way, Phoenix, AZ 85054

SPECIAL WASTE DEPARTMENT DECISION

	Waste Profile #	Expiration Date	
	L39Y915023	7/22/2012	

I. Decision Request: ☑ Initial ☐ Recertification ☐ Change

Disposal Facility: L39 - Carter Valley Landfill

Generator Name: Scott County PSA-Holston Regional WWTP

Generator Site Address: 650 Quail Run Lane

City: Weber City | County: | State: VA | Zip:

Name of Waste: Aerobically Digested Sludge

Estimated Annual Volume: 900 Tons

II. Special Waste Department Decision: ☑ Approved ☐ Rejected

Management Method(s): ☑ Landfill ☐ Solidification ☐ Bioremediation ☐ Transfer Facility

Problematic Special Waste according to Republic? ☐ Yes ☑ No

If yes, which one?

Approved by Special Waste Review Committee? ☐ Yes ☐ No ☑ Not Applicable

Precautions, Conditions or Limitations on Approval

This waste must be able to pass a paint filter test prior to shipment and disposal.
Free liquids are not permitted for landfill disposal.

The Tennessee Dept of Environment & Conservation has issued the Holston Regional Waste Water Treatment Plant a notice of Special Waste Approval (dated 10/28/2009) for: Waste Water Treatment Plant Sludge.

Special Waste Analyst Signature: Leslie Hamilton Name (Printed): LESLIE HAMILTON

Date: 10/29/2009

III. Facility Decision: ☐ Approved ☐ Rejected

Precautions, Conditions or Limitations on Approval

By signing below, the General Manager or Designee agrees that a fully executed Special Waste Service Agreement is on file for this profile and that the special waste file is complete.

General Manager or Designee: Daniel A. Danko Name (Printed): Daniel A. Danko

Date: 10/29/2009

Dedrick Spivey

From: "Mann, Brian" <BMann@republicservices.com>
To: "'Walter Smith'" <Walter.Smith@tn.gov>
Sent: Wednesday, June 15, 2011 4:01 PM
Subject: Scott County PSA

Good afternoon, Nat:

We received a recert and copy of fee paperwork for Scott County PSA (see 3 locations below). Their last approval letter was dated October 28, 2009. Based on the similar case earlier with the City of Church Hill, are they now recertified until July 1, 2016? As always, thank you for your help.

SCOTT COUNTY PSA-HOLSTON WWTP
SCOTT COUNTY PSA--DUFFIELD WWP
SCOTT COUNTY PSA-MOCCASIN GAP FILTER PLNT

Best regards,

Brian Mann
Special Waste Sales Representative
Middle Point Landfill/Carter Valley Landfill
Allied Waste, a Republic Services Company
(615) 947-8506: cell
(480) 718-4102: fax

VIRGINIA DEQ NO EXPOSURE CERTIFICATION
FOR EXCLUSION FROM VPDES STORM WATER PERMITTING

Submission of this **No Exposure Certification** constitutes notice that the entity identified below does not require permit authorization for its storm water discharges associated with industrial activity under the VPDES Permit Program due to the existance of a condition of **No Exposure.**

A condition of **No Exposure** exists at an industrial facility when all industrial materials and activities are protected by a storm resistant shelter to prevent exposure to rain, snow, snowmelt, and/or runoff. Industrial materials or activities include, but are not limited to, material handling equipment or activities, industrial machinery, raw materials, intermediate products, by-products, final products, or waste products. Material handling activities include the storage, loading and unloading, transportation, or conveyance of any raw material, intermediate product, final product or waste product. A storm resistant shelter is not required for the following industrial materials and activities:

- drums, barrels, tanks, and similar containers that are tightly sealed, provided those containers are not deteriorated and do not leak. "Sealed" means banded or otherwise secured and without operational taps or valves;
- adequately maintained vehicles used in material handling; and
- final products, other than products that would be mobilized in storm water discharges (e.g., rock salt).

A No Exposure Certification must be provided for each facility qualifying for the No Exposure exclusion. In addition, the exclusion from VPDES permitting is available on a facility-wide basis only, not for individual outfalls. If any industrial activities or materials are or will be exposed to precipitation, the facility is not eligible for the No Exposure exclusion.

By signing and submitting this No Exposure Certification form, the entity below is certifying that a condition of No Exposure exists at its facility or site, and is obligated to comply with the terms and conditions at 9 VAC 25-31-120.F (the VPDES Permit Regulation).

Please Type or Print All Information. ALL INFORMATION ON THIS FORM MUST BE PROVIDED.

1. **Facility Owner Information**

   Name: Scott County Public Service Authority

   Mailing Address: 156 Legion Street

   City: Weber City State: VA Zip: 24290 Phone: 276-386-3401

2. **Facility/Site Location Information**

   Facility Name: Holston Regional Wastewater Treatment Plant

   Address: Quail Run Lane

   City: Weber City State: VA Zip: 24290

   Latitude: _____ Longitude: _____

3. **Was the facility or site previously covered under a VPDES storm water permit?** Yes ☐ No ☒

   If "Yes", enter the VPDES permit number: _____

4. **SIC/Activity Codes:** Primary: _____ Secondary (if applicable): _____

5. **Total size of facility/site associated with industrial activity:** 0 acres

6. **Have you paved or roofed over a formerly exposed pervious area in order to qualify for the No Exposure exclusion?** Yes ☐ No ☒

   If "Yes", please indicate approximately how much area was paved or roofed. Completing this question does not disqualify you for the No Exposure exclusion. However, DEQ may use this information in considering whether storm water discharges from your site are likely to have an adverse impact on water quality, in which case you could be required to obtain permit coverage.

   Less than one acre ☐ One to five acres ☐ More than five acres ☐

7. **Exposure Checklist**

Are any of the following materials or activities exposed to precipitation, now or in the foreseeable future? (Please check either "Yes" or "No" in the appropriate box.) **If you answer "Yes" to any of these questions (1) through (11), you are not eligible for the No Exposure exclusion.**

		Yes	No
1.	Using, storing or cleaning industrial machinery or equipment, and areas where residuals from using, storing or cleaning industrial machinery or equipment remain and are exposed to storm water	☐	☒
2.	Materials or residuals on the ground or in storm water inlets from spill/leaks	☐	☒
3.	Materials or products from past industrial activity	☐	☒
4.	Material handling equipment (except adequately maintained vehicles)	☐	☒
5.	Materials or products during loading/unloading or transporting activities	☐	☒
6.	Materials or products stored outdoors (except final products intended for outside use [e.g., new cars] where exposure to storm water does not result in the discharge of pollutants)	☐	☒
7.	Materials contained in open, deteriorated or leaking storage drums, barrels, tanks, and similar containers	☐	☒
8.	Materials or products handled/stored on roads or railways owned or maintained by the discharger	☐	☒
9.	Waste material (except waste in covered, non-leaking containers [e.g., dumpsters])	☐	☒
10.	Application or disposal of process wastewater (unless otherwise permitted)	☐	☒
11.	Particulate matter or visible deposits of residuals from roof stacks and/or vents not otherwise regulated (i.e., under an air quality control permit) and evident in the storm water outflow	☐	☒

8. **Certification Statement**

I certify under penalty of law that I have read and understand the eligibility requirements for claiming a condition of "no exposure" and obtaining an exclusion from VPDES storm warer permitting.

I certify under penalty of law that there are no discharges of storm water contaminated by exposure to industrial activities or materials from the industrial facility or site identified in this document (except as allowed under 9 VAC 25-31-120.F).

I understand that I am obligated to submit a No Exposure Certification form once every five years to the Department and, if requested, to the operator of the local municipal separate storm sewer system (MS4) into which the facility discharges (where applicable). I understand that I must allow the Department, or MS4 operator where the discharge is into the local MS4, to perform inspections to confirm the condition of no exposure and to make such inspection reports publicly available upon request. I understand that I must obtain coverage under a VPDES permit prior to any point source discharge of storm water from the facility.

Additionally, I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system dseigned to assure that qualified personnel properly gathered and evaluated the information submitted. Based upon my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Print Name: Daniel A. Darko

Print Title: Director

Signature: Daniel A Darko

Date: 5-17-2012

For Department of Environmental Quality Use Only

Accepted/Not Accepted by: _____ Date: _____